

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

RECEIVED  
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2016 OCT -4 AM 10:19

Anthony Morris

Write the full name of each plaintiff.

No. 16-cv-4756

(To be filled out by Clerk's Office)

(CM)

-against-

Arresting officer Shield # 900586

AMENDED  
COMPLAINT  
(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: 10-4-16

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other:

VI Amendment

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Anthony  
First Name

K  
Middle Initial

Morris  
Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Anthony Morris

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention

234 Groove Ave  
Institutional Address

Brooklyn NY NY 11237

County, City

State

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☒ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other:

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	NYPD 5	900586
	First Name	Last Name
	Shield #	
	Current Job Title (or other identifying information)	
	police officers	
	Current Work Address	
	221 East 123 Street NY NY	
	County, City	State
	Zip Code	
Defendant 2:		
	First Name	Last Name
	Shield #	
	Current Job Title (or other identifying information)	
	Current Work Address	
	County, City	
	State	Zip Code
Defendant 3:		
	First Name	Last Name
	Shield #	
	Current Job Title (or other identifying information)	
	Current Work Address	
	County, City	
	State	Zip Code
Defendant 4:		
	First Name	Last Name
	Shield #	
	Current Job Title (or other identifying information)	
	Current Work Address	
	County, City	
	State	Zip Code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: Brooklyn New York 234 Grove Ave.

Date(s) of occurrence: April 17, 2014

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

See Attachment.



# COMPLAINT REPORT – CIVILIAN COMPLAINT REVIEW BOARD

**Instructions.** You may file this report by:

- (A) Delivering it in person to the Civilian Complaint Review Board (CCRB); or
- (B) Mailing it (postage pre-paid) to the CCRB; or
- (C) Telephoning the CCRB at 1-800-341-CCRB; or
- (D) Filing it at any police precinct station house (obtain filing receipt).

1. COMPLAINANT Last Name	First Name	MI	Home Phone	Business Phone
Morris	Anthony	K	718-909-8227	
Address (Home/Business)		Apt. No.	City	State
234 Groove Ave		2F	Brooklyn	NY
Zip Code		Date of Birth		
11237		12-7-82		
Optional/For statistical purposes only: Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Race/Ethnicity:				

2. Did you witness the incident complained of? ☒ Yes ☐ No
3. If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s)?  
☐ Parent ☐ Spouse ☐ Relative ☐ Guardian ☐ Child ☐ Friend ☐ None ☒ Other self
4. Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident. (Use other side of page if necessary):

a. <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS	Last Name	First Name	MI	Home Phone	Business Phone
	Morris	Anthony	K		
Address (Home/Business)		Apt. No.	City	State	Zip Code
234 Groove Ave		2F	Brooklyn	NY	11237
Date of Birth		12-7-82			
Optional/For statistical purposes only: Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Race/Ethnicity:					

b. <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS	Last Name	First Name	MI	Home Phone	Business Phone
Address (Home/Business)		Apt. No.	City	State	Zip Code
Date of Birth					
Optional/For statistical purposes only: Sex: <input type="checkbox"/> M <input type="checkbox"/> F Race/Ethnicity:					

5. April 17, 2014 Date and Time of Incident  
 234 Groove Ave. Brooklyn, NY Location of Incident (Including borough)

6. Identification of police officer(s) complained of (if unknown, provide physical description of officer(s) or type of duty performed; such as dressed in uniform or in civilian clothes; foot, scooter or auto patrol; detective). Also identify officer(s) at the scene who are not complained of. (Use other side of page if necessary):

Rank	Name	Precinct/Command	Patrol Car #.	Shield #
		NYCPD 5		900586

7. Description of the incident in as much detail as possible. (Use other side of page if necessary):

On April 17, 2014 5 police officers came to my house with a search warrant with someone else name on it, which doesn't live at the house or we know of him. The officers arrested me with no cause or reasons to do so. No pictures or explanation, warrant was ever given for the arrest.

8. I have read the foregoing complaint and the contents thereof are true to the best of my knowledge and information.

x Anthony Morris  
 COMPLAINANT'S SIGNATURE

May 24 2016  
 DATE



**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I was rough up, pushed, Kicked & thrown down to the ground by 5 officers from the NYCPD 5. The arresting officer's shield # 900586.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

Pain & suffering, One back & neck pain due to the bedding, Second, a slip & fall in which I now constantly have leg pain. Third, stress from being away from family, loss of job, home, & business I owned. 3,000,000

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>May 27, 2016</u>		<u>Anthony Morris</u>
Dated		Plaintiff's Signature
<u>Anthony</u>	<u>IS</u>	<u>Morris</u>
First Name	Middle Initial	Last Name
<u>Downstate Correctional Facility Box f Red School House Road</u>		
Prison Address		
<u>Fishkill</u>	<u>New York</u>	<u>12524</u>
County, City	State	Zip Code
<u>(No: 16A2235)</u>		

Date on which I am delivering this complaint to prison authorities for mailing: September 27, 2016

**DOWNSTATE CORRECTIONAL FACILITY**

BOX F  
RED SCHOOLHOUSE ROAD  
FISHKILL, NEW YORK 12524-0445

NAME: Anthony Morris

DIN: 16A2235

DOWNSTATE

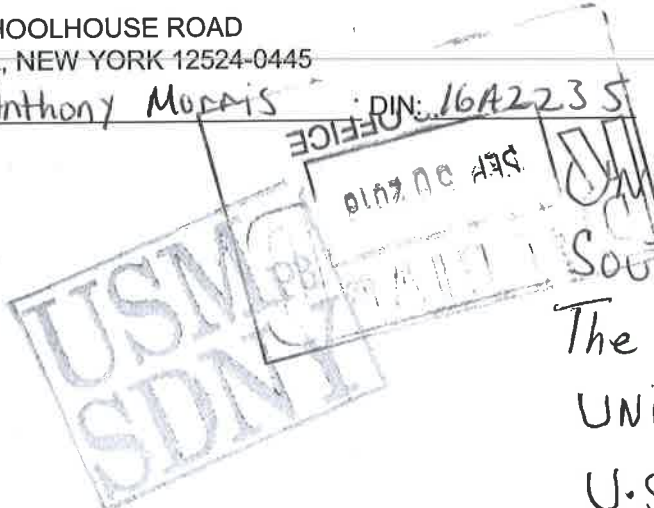


CORRECTIONAL  
FACILITY

CLERK



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UNITED STATES DISTRICT  
SOUTHERN DISTRICT of New York  
The DANIEL PATRICK MOYNIHAN  
UNITED STATES COURTHOUSE  
U.S. COURTHOUSE - 500 PEARL ST  
NEW YORK, NY 10007

1000781335

Recycled Paper

Legal Mail

NEW YORK STATE  
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
OFFENDER CORRESPONDENCE PROGRAM  
NAME: Anthony Morris DIN: 16A2235